



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

600 Washington Street, 7th Floor
Boston, Massachusetts 02111

DEVAL L. PATRICK
Governor

PAUL V. BUCKLEY
Commissioner

TIMOTHY P. MURRAY
Lieutenant Governor

**Office of General Counsel
Workers' Compensation Trust Fund
Mileage Voucher**

Note: tolls/lunches/car maintenance are not allowed

Authorized signature – the person with whom the meeting occurred, e.g. health provider, client, instructor, etc.

Certified Provider	Name of Employee	D/A Board #	Name of Employer	Date Prepared	Authorized Signature
Date	Destination/Explanation	Odometer Begin and End	Mileage	Total	
				Total Miles	

Instructions – Fill in all columns as indicated

Last column – authorized signature required from the person from whom the service was received

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel.

I hereby certify that this travel was necessary and authorized.

Signed _____
Traveler

Approving Authority

Date